



District of Columbia Public Schools  
**ANNUAL STUDENT ENROLLMENT FORM**  
School Year \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

STUDENT ID # \_\_\_\_\_

**STUDENT INFORMATION**

(Print all information)

|  |  |  |  |                                |  |
|--|--|--|--|--------------------------------|--|
| 1. Student's Full Legal Name (Last, First, Middle)   |  | 2. Date of Birth (Month, Day, Year)  |  | 3. Country of Birth            |  |
| 4. Address Apt. No.  |  | 5. Telephone Number (Home/Parent's Cell)<br>( ) ( )  |  | 6. Sex (Circle)<br>Male Female |  |
| 7. City State Zip  |  | 8. Current Grade (Specify)   |  | 9. <b>DO NOT USE</b>           |  |
| 10. School Last Attended (if DCPS, name school only)   |  | 11. Ethnic Designation<br>____ American Indian or _____ * Not of Hispanic origin<br>____ Alaskan Native _____ * Black*<br>____ Asian or Pacific Islander _____ * White*<br>____ Hispanic |  |                                |  |
| Address  |  |  |  |                                |  |
| City State Zip   |  |  |  |                                |  |
| 13. School Attending (if not DCPS)   |  | 14. Health Insurance Information<br>Provider: _____ Policy #: _____  |  |                                |  |
| Address  |  | 15. Student's Siblings: (Use additional page if more than 3 siblings)<br>Name: _____ School: _____<br>Name: _____ School: _____<br>Name: _____ School: _____                             |  |                                |  |
| City State Zip   |  |  |  |                                |  |
| City State Zip   |  |  |  |                                |  |
| 16. Special Services Child Receives<br><input type="checkbox"/> Special Reading Help <input type="checkbox"/> Student Receives Special Education Services: Yes____ No____ <input type="checkbox"/> Advanced Placement<br><input type="checkbox"/> Bilingual or ESL Program <input type="checkbox"/> Student Has Current IEP: Yes____ No____ <input type="checkbox"/> Summer School |  |  |  |                                |  |

**PARENT/LEGAL GUARDIAN INFORMATION (One must be the parent or legal guardian with whom student lives\*)**

|  |          |  |          |
|--|----------|--|----------|
| 17. Mother or Legal Guardian (Relationship) _____<br>(Last, First, Middle)   |          | 18. Father or Legal Guardian (Relationship) _____<br>(Last, First, Middle) |          |
| Address (if other than student's) Apt. No.   |          | Address (if other than student's) Apt. No.                                 |          |
| City State Zip   |          | City State Zip   |          |
| Home Number<br>( )   | Employer | Home Number<br>( )   | Employer |
| Employer's Address   |          | Employer Address   |          |
| Work Number<br>( )   |          | Work Number<br>( )   |          |
| 19. Parents'/Guardians' preferred language of communication: _____   |          |  |          |
| 20. <b>RESIDENCY STATUS:</b> <input type="checkbox"/> D.C. Resident (Student & parent or legal guardian live in D.C.)<br><input type="checkbox"/> Nonresident (Student/or parent live outside D.C.) <input type="checkbox"/> Receipt of payment for nonresident tuition attached |          |  |          |
| 21. Is your current address a temporary living arrangement?    Yes_____ No_____  |          |  |          |
| 22. Is this temporary living situation due to loss of housing or economic hardship?    Yes_____ No_____  |          |  |          |

**EMERGENCY**

|   |  |
|---|--|
| 23. Emergency Contact Person: (other than parent) _____ |  |
| Address: _____  |  |
| Relationship: _____ Telephone Number: ( ) _____         |  |

**I completed this form and I certify that the information above is accurate. I understand that providing false information for purposes of defrauding the government is punishable by law.**

Date \_\_\_\_\_

\* Signature of Parent/Legal Guardian with Whom Student Lives or Adult Student